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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 020121													
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on <u>1/20/05</u></p> <p>Signature <u>David D. Kasmedo</u></p> <p>Typed or printed name <u>Darla D. Kasmedo</u></p>		<p>In re Application of Bi et al.</p> <table border="1"><tr><td>Application Number 10/017,270</td><td>Filed December 14, 2001</td></tr><tr><td colspan="2">For VOICE RECOGNITION SYSTEM METHOD AND APPRATUS</td></tr><tr><td>Art Unit 2655</td><td>Examiner Adebe, Daniel Demelash</td></tr></table>		Application Number 10/017,270	Filed December 14, 2001	For VOICE RECOGNITION SYSTEM METHOD AND APPRATUS		Art Unit 2655	Examiner Adebe, Daniel Demelash						
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Art Unit 2655	Examiner Adebe, Daniel Demelash														
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ <u>500.00</u></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge any fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>17-0026</u>. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the</p> <table border="0"><tr><td><input type="checkbox"/> applicant/inventor.</td><td rowspan="4">/BY KENYON JENCKES REG. NO. 41,873</td><td rowspan="4"> Signature</td></tr><tr><td><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</td></tr><tr><td><input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>35,065</u></td></tr><tr><td><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</td></tr></table> <table border="0"><tr><td></td><td><u>George C. Pappas</u> Typed or printed name</td></tr><tr><td></td><td><u>858-651-1306</u> Telephone number</td></tr><tr><td></td><td><u>January 20, 2005</u> Date</td></tr></table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below".</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p>				<input type="checkbox"/> applicant/inventor.	/BY KENYON JENCKES REG. NO. 41,873	 Signature	<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	<input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>35,065</u>	<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____		<u>George C. Pappas</u> Typed or printed name		<u>858-651-1306</u> Telephone number		<u>January 20, 2005</u> Date
<input type="checkbox"/> applicant/inventor.	/BY KENYON JENCKES REG. NO. 41,873	 Signature													
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	<u>George C. Pappas</u> Typed or printed name														
	<u>858-651-1306</u> Telephone number														
	<u>January 20, 2005</u> Date														

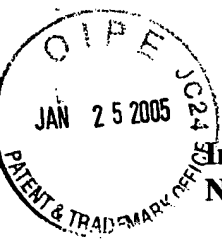
This collection of information is required by 37 CFR 1.191. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



In Re Application

No. 10/017,270

For: **VOICE RECOGNITION
SYSTEM METHOD AND
APPARATUS**

Bi et al.

Group No. 2655

Examiner: Abebe, Daniel Demelash

Filed: December 14, 2001

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

NOTICE OF APPEAL

In response to the Advisory Action dated December 14, 2004, applicant is filing a Notice of Appeal. This Notice of Appeal is being filed within two months of the mailing of the Advisory Action and a petition and a fee for one month extension of time are filed herewith.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Darla Kamedo
(type or print name)

Date: 1/20/05Signature: ***FACSIMILE***

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: _____
(type or print name)

Date: _____

Signature: 

Respectfully submitted,

If, however, it is determined that additional fees are due, the Commissioner is hereby authorized to charge Deposit Account Number 17-0026.

Dated: 20 JAN 2005

By:



George C. Pappas, Reg. No. 35,065
858-651-1306

/BY
KENYON JENCKES
REG. NO. 41,873

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